

## St. Cloud State University

### Members of the Public Request for Access to Public Event

St. Cloud State University (“SCSU”) is committed to complying with the Americans with Disabilities Act (“ADA”), the Minnesota Human Rights Act (“MHRA”), and [Minnesota State Board Policy 1B.4](#). If you are a member of the public with an impairment or disability (not an employee or student of SCSU), and you are in need of an accommodation to attend a public event at SCSU, please complete the following and submit to [facilitiesmgmt@stcloudstate.edu](mailto:facilitiesmgmt@stcloudstate.edu) and [oea@stcloudstate.edu](mailto:oea@stcloudstate.edu) or mail to Facilities Management or Equity and Access at 720 4<sup>th</sup> Avenue South, St. Cloud, MN 56301-4498.

DATE:

PHONE:

NAME:

EMAIL:

#### **PUBLIC EVENT DETAILS**

EVENT NAME:

EVENT DATE & TIME:

EVENT LOCATION (SCSU building or grounds area):

#### **ACCOMMODATION DETAILS**

IMPAIRMENT NECESSITATING ACCOMMODATION\* (specify):

TYPE OR TYPES OF ACCOMMODATION REQUESTED\*\* (specify):

IF UNSURE EXACTLY WHAT ACCOMMODATION NEEDED, PLEASE EXPLAIN CIRCUMSTANCES OR SUGGEST OPTIONS WE CAN EXPLORE:

\* You may be required to provide documentation of eligibility for the accommodation.

\*\* You may be contacted if further information is needed to process your request.

This page is to be completed by SCSU staff:

**RESPONSE:** If an alternative or denial is under consideration consult with appropriate administrators or ADA specialists.

- SCSU GRANTS the accommodation as requested
- SCSU GRANTS an alternative accommodation
- SCSU DENIES the accommodation

**For alternative accommodations, specify details:**

**For denials, explain reasons:**

- Creates an undue financial or administrative burden on SCSU
  - Fundamentally alters the nature of the service, program, or activity
  - Request was for use of a personal device or service
  - Disability did not meet the definition of qualified disability (physical or mental impairment, or history thereof, which materially limits one or more of the person's major life activities)
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NOTES:

DATE RESPONSE PROVIDED TO REQUESTOR:

MANNER IN WHICH RESPONSE PROVIDED:

STAFF MEMBER PROVIDING RESPONSE:

*Retain this form and any other related documentation according to SCSU retention schedules.*